Name:	Date

Fatigue - Part 1

Chief Complain - Primary Health Concern

Instructions: There are five (5) pages of 'Fill-In' pdf forms. Please provide as much information as possible - this is your opportunity to tell me what has been occurring in the past, your current condition as well as concerns you have for your future should this condition continue.

My Fatigue is combine	ed with: \Box	Insomnia 🗆	Stress	Both Other:	
Indicate all abnormalit	ies that occur simu	ıltaneously with you	ır Fatigue:		
☐ Balance	☐ Appetite	☐ Blood pressure	☐ Energy	☐ Addiction	☐ Injury (Past)
☐ Hearing	☐ Defecation	☐ Cardio	☐ Libido	☐ Attitude change	☐ Injury (Recent)
☐ Smell	☐ Digestion	Respiratory	Menses	Behavior change	☐ Fertility
☐ Speech	☐ Thirst	Skin	Semen flow	☐ Cravings	☐ Weight
☐ Swallowing	☐ Urination		☐ Sleep	☐ Emotions	☐ Pain (physical)
☐ Taste	Bleeding		☐ Excess naps	☐ Mental function	☐ Twitching-Ticks
☐ Touch	☐ Mucus flow			Memory	Hiccups
☐ Vision	☐ Swelling			☐ Pain & Emotions	
Is the current episode Yes No, i	t has occurred			ose that apply:	☐ Drive car 2+ hrs/day
		.,	☐ Require	e 7+ hours nightly	☐ Eat 3 meals per day
When did the Fatigue			f No ene	rgy to recreate	☐ Snack all day
Daily Living or cause	d significant impa	irment?	Lost in	terest in hobbies	☐ Crave carbohydrates
How many days, weeks, mo	onths or years ago or th	e date.	☐ No time	e to relax	☐ Stressed at home
	, 0		☐ No time	e to be alone	Stressed at work
WH 11.1 F.			☐ Sit 8+1	nours daily	1 Alcohol Bev/day
When did the Fatigue or associated symptoms begin before the condition became disruptive to your Activities of Daily			☐ No exe	rcise	Easily angered
Living or caused significant impairment?		☐ Snore of	or Sleep Apnea	Can't sleep at PM	
		☐ Feel sa	d or grief	Awakened unrested	
Indicate the number of day.	s, weeks, months or yea	ars or the date.			
			What time	e do you go to bed?	
How frequently does	•	• 1	What time	e do you get out of bed	d to start the day?
interfere with Activities of Daily Living?		How many hours watch TV each day? Night?			
Indicate number of daily	y in a day or number of	days/weeks		•	omputer?
			How man	y hours mental work e	ea/day?Night?
If you have chronic pain, please describe		Does brig	ht light bother you?	□ Yes □ No	
			Do you ha	ave daily headaches?	□ Yes □ No
What provides relief	to the Fatigue?		How old i	is you mattress?	yrs Firm □ Yes□ No
			□ C □ S	the following daily or Caffeine ☐ Nicoti udfed ☐ Choco Protein bar☐ Juice d	ne 🗀 Ginseng

If you need to include more information, write it in a MSWord documents and title it with your name and Fatigue Part 1. Example: John_Doe_CC_Fatigue Part 1

Name:	Date
	n the details of your Fatigue and Life Experiences. Le - Part 2
Chief Complaint - I	Primary Health Concern
Instructions: The Day Your Fatigue became disrupti	ve to your ADL or caused significant impairment
	ils that you were not able to include. It is not necessary to write blogical order starting with the morning of and write brief short libe your experience and the relevance or impact.
Please identify the date. This does not have to be an exact of the summer of 2009, or it might be as specific as the morning where you were located when you noticed the problem how you felt and any pain and/or emotional responses what ADL you could not do or what bodily functions we the duration of the symptom(s) and characteristics (quaenything that seemed to make it worsen or improve it any observations by other people of your behavior, emotions we have a summary of the symptom o	(or a medical diagnosis that was given), were significantly impaired lities)
Date your Fatigue or associated symptoms became disrupt	tive to your ADL or caused significant impairment:

If you need to include more information, write it in a MSWord documents and title it with your name and Fatigue Part 2. Example: John_Doe_CC_Fatigue Part 2

N	nme: Date
	Fatigue - Part 3
	Chief Complaint - Primary Health Concern
	structions: Your Life Prior to the Day the Fatigue became disruptive to your ADL or caused significant impair- nt cited in Part 2.
an (ase include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few rds. Do the best you can to describe your experience and the relevance or impact.
• Da	Reflect back to the earliest date when you noticed the Fatigue and/or associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012. Next, list the events of your life that occurred between that earliest date of symptoms and the day your Fatigue became disruptive to your ADL or caused significant impairment. These events include: travel in or outside the USA or Canada moving your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarceration institutionalized natural disaster crime victim domestic violence or abuse substance abuse other Any observations by other people of your behavior, emotions or physical condition
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If you need to include more information, write it in a MSWord documents and title it with your name and Fatigue Part 3. Example: John_Doe_CC_Fatigue Part 3

Name:	Date
Chief C	Fatigue - Part 4 Complaint - Primary Health Concern
	the Earliest Date you noticed the Fatigue or associated symptoms cited in
	long with details that you were not able to include. It is not necessary to write the pep it in chronological order and write brief short statements or just a few words, are and the relevance or impact.
the date. This does not have to be an exact of 2009, or it might be as specific as the research of 2009, or it might be as specific as the research of your life that occur disruptive to your ADL or caused significe travel in or outside the USA or Canada pregnancy miscarriage abortion child rearing problems children leaves institutionalized natural disaster	arred between that earliest date of symptoms and the day your Fatigue became cant impairment. These events include: a moved your home changing jobs marriage divorce separation death of a friend, relative or pet financial stresses legal matters
Date 1 year prior to the earliest recall of the	Fatigue or associated symptoms:

If you need to include more information, write it in a MSWord documents and title it with your name and Fatigue Part 4. Example: John_Doe_Fatigue Part 4

Name:	Date
Chief C	Fatigue - Part 5 Complaint - Primary Health Concern
Instructions: Your Symptoms and Actio to your ADL or caused significant impairm	ons since the day your Fatigue or associated symptoms became disruptive nent cited in Part 2.
	along with details that you were not able to include. It is not necessary to write seep it in chronological order and write brief short statements or just a few words are and the relevance or impact.
ciated symptoms became disruptive to your Include the following: - changes of the symptoms over time - the actions you have employed to the home remedies. Include the diagnosis, the have been used. Include any and all impremployed. • Include the events of your life that occurr travel in or outside the USA or Canada pregnancy miscarriage abortion child rearing problems children leaving institutionalized natural disaster • Any observations by other people of your	nological sequences of the following starting from the Day the Fatigue or assobur ADL or caused significant impairment through to today. (duration, intensity, improvements, worsening, etc) reat the problem via MD, ND, DO, DC, LAc, PT and other therapists as well as erapies, medications and natural remedies (herbs, homeopathy, nutritional) that rovements or worsening of the problem/condition due to any of the actions you red during this tme period. These events include: moved your home changing jobs marriage divorce separation death of a friend, relative or pet financial stresses legal matters ing home for college child custody illness accidents incarcerated crime victim domestic violence or abuse substance abuse other rebehavior, emotions or physical condition **associated symptoms became disruptive to ADL or causative to significant*

If you need to include more information, write it in a MSWord documents and title it with your name and Fatigue Part 5. Example: John_Doe_Fatigue Part 5